

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 60263-044346

STATE FILE NUMBER

FILE NO. NOV 21 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

6 Years

c. FULL NAME OF (If NOT in hospital, give location)

Laird Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas b. COUNTY Wyandotte

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

960 Shawnee Ave

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
LONA BELL WHITSITT

4. DATE OF DEATH
Month Day Year
November 1, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
9/12/1875

9. AGE (last birthday)
88

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (City and state or country)

Green Co. Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Jessie Green

13b. MOTHER'S MAIDEN NAME

Not Known

14. NAME OF HUSBAND OR WIFE

James Alva Whitsitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
8920 Catalina, Kansas
Robert W. Whitsitt, Prairie Village

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Hypostatic Congestion

DUE TO (c)

Metastatic Carcinoma - Ca of Cervix

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-1-62 to 11-1-63 and last saw her/him alive on 11-1-63
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
Otto W. Theel M.D.

22b. ADDRESS

4301 Main St. KCMo 11-4-63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11/2/63

23c. NAME OF CEMETERY OR CREMATORY

Highland Park Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Daniels Bros., Kan. City, Kansas

25. DATE RECD. BY LOCAL REG.

11-5-63

26. REGISTRAR'S SIGNATURE

Beessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

Otto W. Theel

VS 300
Rev. 4/59

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28150

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9/17X

10

11

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86-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard T. Porter

Licensed Embalmer No. 3751
P. O. Address 19th & Minnesota
K. C. Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.